



# Rash Illness with Fever

LHJ Use ID \_\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_  
County \_\_\_\_\_

Disease:

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know  
Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_ Gender ☐ F ☐ M ☐ Other ☐ Unk  
Phone(s)/Email \_\_\_\_\_ Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Rash** Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration \_\_\_\_ days  
(See back of sheet for rash details)  
☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk  
Fever onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration \_\_\_\_ days  
☐ ☐ ☐ ☐ Conjunctivitis Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath  
Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Cough Cough onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Runny nose (coryza) Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Sore throat Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Swollen lymph nodes Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Headache Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)  
Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Predisposing Factors

Y N DK NA

- ☐ ☐ ☐ ☐ Allergies Specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Any medication Specify: \_\_\_\_\_  
Start/change date(s): \_\_\_\_\_  
☐ ☐ ☐ ☐ Any recent vaccinations Specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Current chickenpox (varicella) infection  
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

### Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ Altered mental status  
☐ ☐ ☐ ☐ Complications, specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Gastrointestinal symptoms  
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required  
☐ ☐ ☐ ☐ Photophobia

### Clinical Findings (cont'd)

Y N DK NA

- ☐ ☐ ☐ ☐ **Rash observed by health care provider**  
Rash distribution: \_\_\_\_\_  
☐ Generalized ☐ Localized ☐ On palms and soles  
☐ Petechial ☐ Macular ☐ Papular  
☐ Pustular ☐ Vesicular ☐ Bullous  
☐ Other: \_\_\_\_\_  
(See back of sheet for rash details)  
☐ ☐ ☐ ☐ Regional lymphadenitis  
☐ ☐ ☐ ☐ Respiratory infection  
☐ Upper ☐ Lower ☐ Both ☐ Unknown  
☐ ☐ ☐ ☐ Koplik spots  
☐ ☐ ☐ ☐ Admitted to intensive care unit

### Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Vaccination

Y N DK NA

- ☐ ☐ ☐ ☐ MMR vaccine received Total # received: \_\_\_\_  
Date of last: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Varicella vaccine received Total # received: \_\_\_\_  
Date of last: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Laboratory

Specimen type \_\_\_\_\_ Specimen type \_\_\_\_\_  
Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXPOSURES**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
 Out of: ☐ County ☐ State ☐ Country  
 Dates/Locations: \_\_\_\_\_  
 \_\_\_\_\_
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
- ☐ ☐ ☐ ☐ Any recent changes to personal products (e.g. shampoo, moisturizer, laundry detergent)  
 Specify: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
- ☐ ☐ ☐ ☐ Congregate living  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Contact with persons recently vaccinated for smallpox or varicella

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Contact with recent foreign arrival  
☐ Casual ☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_  
 Specify country: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)
- ☐ ☐ ☐ ☐ If infant, birth mother had febrile illness
- ☐ ☐ ☐ ☐ Insect or tick bite  
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick  
☐ Louse ☐ Other: \_\_\_\_\_ ☐ Unk  
 Location of insect or tick exposure  
☐ WA county ☐ Other state ☐ Other country  
☐ Multiple exposures ☐ Unk  
 Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

Most likely exposure/site: \_\_\_\_\_ Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS****NOTES****RASH DESCRIPTION (location, progression, etc.)**

Where did it first appear? \_\_\_\_\_

Where did it spread? \_\_\_\_\_

Where was it most intense? \_\_\_\_\_

What does the rash look like?

Flat spots\_\_ Raised spots\_\_ Both\_\_

Blisters/Pustules\_\_ Blotchy\_\_ Color\_\_

When pressure applied, does rash fade and then return when pressure is removed? Yes\_\_ No\_\_

Is the skin peeling? Yes\_\_ No\_\_

Does the rash itch? Yes\_\_ No\_\_

**RASH NOTES:**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_